ROUTE TO: RDPD OR CONFLICT COORDINATOR (SEE BELOW)

Approval/Date Approved

STATE OF MONTANA OFFICE OF THE STATE PUBLIC DEFENDER CONTRACTED ATTORNEY SUMMARY CLAIM FORM

Name of Claimant			Vendor ID #			
Appointed attorneys must i and a description of the act invoice must then be attachtravel expenses should be office expense stipends should be invoice by the 10th day of the	tivity. Separate summary to ned to this summary form. reported on a travel expen- ould be listed as the last lin	forms must be prep Please itemize any se voucher form an ne item on the form.	ared for non-confli	ct and conflict ca penses related to claim form. Pre- d counsel must si	ses. This itemized your work. All approved monthly	
Please attac	h daily log for all work a	and/or costs on ea	ch case listed be	low.		
Month/Year						
Client Name	Assigned OPD Client #	Hrs Worked	Total Fees	Total Costs	Total Fees&Costs	
	0. 2 0			3000		
TOTALS						
TOTALS						
The undersigned Counsel c	ertifies that the cases listed	l, expenses claimed	and the times repo	orted are true and	accurate	
Attorney's Signature/Date of	of Submission	_				
Regional Deputy's or Conflict Coordinator's		_	Contract Manager's Approval/Date Approved			

SIGNATURES ABOVE CERTIFY THAT ALL COSTS IN EXCESS OF \$200 HAVE BEEN PREAUTHORIZED. CONFLICT CASES: FAX TO KERRY NEWCOMER @ 406-327-0771 OR EMAIL TO K.NEWCOMER@GN-LAW.COM ALL OTHER NON CONFLICT CASES NEED TO BE SUBMITTED DIRECTLY TO THE RDPD FOR APPROVAL.